

Environmental Health - Land Use Services
385 N. Arrowhead Ave.
San Bernardino, CA 92415-0160
909-884-4056



Application for Pool and Spa Plan Review

Facility Name _____

Facility Location _____ City _____

Contractor _____ Phone: _____

Address _____ Email _____

Owner _____ Phone: _____

Mailing Address _____ Email _____

Project Type ☐ Swimming Pool ☐ Spa Pool ☐ Spray Ground/Interactive Water Feature/Water Park
☐ Wading Pool ☐ Special Purpose Pool ☐ Other _____
☐ AB 1020 Upgrade ☐ Pump replacement _____

Scope of Work: _____

DO NOT WRITE BELOW THIS LINE

Received By: _____

Date: _____

☐ PRELIMINARY REJECT

☐ NOT APPROVED, PLANS ARE REJECTED AS SUBMITTED.
Three (3) corrected and detailed copies of the plans, including
equipment layout sheets, are to be resubmitted for approval be
this department prior to building permit issuance. Return one copy
of the rejected plans.

☐ POOL PLAN APPROVED AS CORRECTED. The violations listed
require correction prior to issuance of a permit to operate. Plans
valid for up to 2 years from this date, after which plans are void.

Plans checked by _____

Date _____ Phone _____

FOR OFFICE USE ONLY

Date Service Completed: _____

DIST: _____ City Code: _____

Amt Paid: _____ Receipt # _____

Check # _____

APN: _____

SR#: _____

FA#: _____

PE# _____

Client Contracted: _____

Date Client Called: _____